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United States Environmental Protection Agency Washington, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved. OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):	
□ Submitting monitoring data (Fill in all Sections). □ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F). □ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4). □ Reporting that no further pollutant reductions are achievable for all outfalls and for all collistants with Part of the Part	
Reporting that no further pollutant reductions are achievable for all outffalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F A. Permit Tracking Number: MAR 05D259	
B. Facility Information	e completing this Form
1. Facility Name: Naumkelag Auto Sallvage Co, Inc	
2. Facility Location:	
a. Street 2 L	
b. City: Salem	970-111
3. Additional Facility Information (Optional):	
Contact Name: David Peliletier Email:	1111111
Phone:	<u> </u>
4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)	
Prepared by: Wayne Cockrum	
Organization: James Environmentali Mgmt, linc	
Email: Wcockrum@jamesenvironmentall.c	
Phone: 5 1 2 - 2 4 4 - 3 6 3 1 Ext.	
C. Discharge Information	
1. Identify monitoring period: Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alter schedule and indicate for which alternative monitoring period you are reporting monitoring data:	rnative monitoring
Quarter 1 (April 1 – June 30) Quarter 1: From / To /	
☐ Quarter 2 (July 1 – September 30) ☐ Quarter 2: From ☐	
☐ Quarter 3 (October 1 – December 31) ☐ Quarter 3: From	
☑ Quarter 4 (January 1 – March 31) □ Quarter 4: From / To /	
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? Yes (Complete line item 2.a.) No (Skip to Section D)	
2a. What is the hardness level of the receiving water? mg/L	
D. Outfail Information	
1. How many outfall(s) are identified in your SWPPP? 02 List name of outfall(s) required to be monitored in table below.	= = = =
2. Do any of your outfalls discharge substantially identical effluents?	4-
2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.	
3.A. Monitored Outfall Name* 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
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Reference attachment if additional space needed to complete the table.	_

∜EPA	MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	Form Approved.	Form Approved. OMB No. 2040-0004	
E. Monitoring Information		Note: Make ac	Note: Make additional copies of this form as necessary	um as nacessary
1. Permit Tracking Number: MAR05D259	5 9			in an income of
2. Nature of Discharge: Rainfall (Complete line items 2.a., 2.b., & 2.c.)	ems 2.a., 2.b., & 2.c.) 🔲 Snowmelt			
2.a. Duration of the rainfall event (hours):	2.b. Rainfall amount (inches): 2.c. Time since previous measu	neasurable storm event (days):		
3.a. Outfall Name (QBM, ELG, S/T, I, O)*	3.c. Parameter 3.d. Quality or Concentration 3.e. Units 3.f. Results Description	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
(Comment and/or Evaluation of Any Violetics (P.	(Normal and/or Explanation of Am Violation (Pubmed)	ring: (I) - Impaired waters monitoring; (O) -Other monitoring as required by EPA	Other monitoring as requir	red by EPA
4. Comment and/or Explanation or Any Violations (Reference all attachments here)	rerence all attachments here)			
F. Certification				
Provide Relletier	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware	Ban		6-12-13
Officer or Authorized Agent	possibility of fine and imprisonment for knowing violations.	Signature of Principal Executive Officer or Authorized Agent		Date
Email of Principal Executive Officer or Authorized Agent:				